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Evaluation Report

of

Teacher Training

in

HIV/AIDS Education



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1996-97 TEACHER TRAINING EVALUATION REPORT

HIV/STD EDUCATION PROGRAM

MONTANA OFFICE OF PUBLIC INSTRUCTION

July 1997

**Submitted to:
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HIV/STD Education Program
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I. INTRODUCTION

The Montana HIV/STD Education Program of the Office of Public Instruction (OPI), through a cooperative agreement with the Division of Adolescent and School Health of the U.S. Centers for Disease Control and Prevention (CDC), provides assistance to schools in Montana in organizing and delivering HIV/STD education programs. The major emphasis of the program is district-level training to develop knowledge, confidence, competency, and skills among teachers so that they can provide effective HIV/STD prevention education at the classroom level. Training activities focus on continuing education for regional trainers who, in turn, offer training to local teachers on HIV prevention education.

During the 1996-97 school year, the regional trainers conducted eight training seminars for teachers where 159 teachers were trained in effective HIV/STD prevention education. Training sessions were conducted throughout the school year, including sessions held in conjunction with other teacher training activities.

It should be noted that the Montana HIV/STD Education Program and its regional trainers conducted other workshops and educational activities besides the eight regional teacher training workshops. These other activities include eight teacher training activities that were less than five hours in duration (thus not qualifying for teacher certification renewal units and not evaluated in the same manner as a regional training), eight workshops for ancillary school staff, 18 community presentations on awareness of AIDS issues and the role of school-based HIV prevention education, three preservice education workshops for prospective teachers, four peer education projects, and 11 presentations for students on reducing risks that cause HIV infection.

In July 1996, OPI contracted with Dodge Data Systems, Inc. of Helena to

provide survey and evaluation services. A major emphasis of the contract was to evaluate the teacher training program within the HIV/STD Education Program. This report details the methods used to evaluate the training, the results of the evaluation process, and recommendations for changes within the training program. Appendix A contains the results of the post-test surveys related to knowledge inventory, ability inventory, and prevention education barrier inventory; Appendix B includes the results of the follow-up survey conducted in May of 1997; Appendix C contains the evaluation survey instruments used in this evaluation; and Appendix D contains the follow-up survey instrument.

II. EVALUATION

A. Overview and Objectives

Key training components for the 1996-1997 teacher training program were the planning and information update workshop for regional trainers and the eight regional workshops provided by the trainers for teachers. Each regional workshop provided five to six hours of training in skills-based activities.

It was the continuing expectation of the HIV/STD Education Program that the planning and information update workshop would maintain the regional trainers' ability to:

- 1) understand the role of a regional trainer and the role of the HIV/STD Education Program in developing competent, confident and knowledgeable teachers in local schools regarding HIV/STD prevention education;
- 2) refine the design for HIV/STD teacher training regional workshops and incorporate more skills development activities from curricula with credible evidence of effectiveness;
- 3) lead HIV, AIDS, and STD training activities;
- 4) conduct regional HIV/STD teacher training sessions for local area teachers;
- 5) employ a step-by-step process for setting up, conducting, and evaluating each regional training;
- 6) conduct HIV/STD awareness, education and worksite safety workshops for ancillary staff persons from local area schools;

- 7) conduct community workshops to promote an understanding of effective school-based HIV/STD prevention education;
- 8) provide one-to-one teacher mentoring; and
- 9) develop a peer education component to complement the teacher training workshops.

It should be noted that regional trainers must demonstrate exceptional knowledge of basic HIV information, policy issues, school methodology, curriculum development and design, and strategies to integrate HIV education into a comprehensive health curriculum.

The objectives of the state-level and regional workshops were nearly identical, with some adjustment depending on participants. Principal objectives for comprehensive workshops were to:

- 1) increase knowledge and skills to teach effectively about HIV and STD;
- 2) increase comfort level and competency in teaching about HIV and STD prevention;
- 3) use a step-by-step approach to practice developing, conducting, and evaluating teacher training on HIV;
- 4) understand basic components of effective training design including needs assessment, objectives, design, training management checklists and adult learning theory;
- 5) learn skills for effective group management and leadership;
- 6) clarify roles as trainers for HIV education;
- 7) be able to identify their own values and attitudes related to HIV and to promote respect for religious, cultural, and attitudinal diversity;

- 8) be able to experience a wide range of learning techniques;
- 9) acquire skills in handling controversial aspects of HIV; and
- 10) observe and critique a sample HIV teacher training session.

B. Evaluation Process

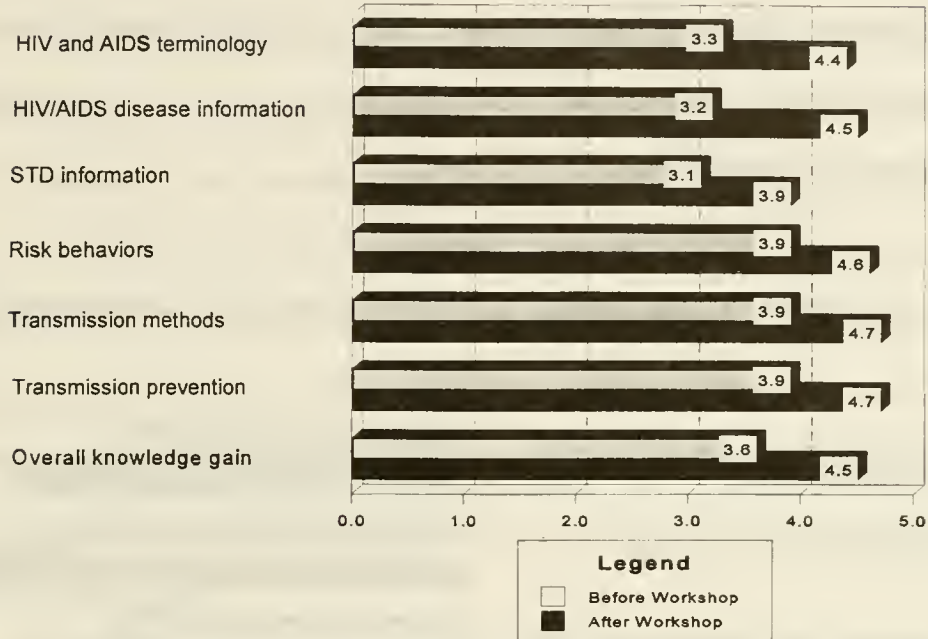
A formative evaluation process was developed and the following sources of information were used to evaluate each of the regional workshops: 1) direct observation; 2) post-training surveys related to knowledge of HIV issues and to confidence in ability to carry out key component activities of a successful HIV education project; 3) a perceived barrier inventory administered after the training sessions; and 4) a rating and open-ended evaluation by each of the workshop participants. The results of the evaluation process are presented in the following sections of the report.

C. HIV Prevention Education Knowledge Inventory

Workshop participants were asked about the level of their knowledge **before** and **after** the workshops regarding HIV/AIDS information, resource availability and access levels, teaching skills development and policy issues. Knowledge levels were rated from 5 (high degree of knowledge) to 1 (low degree of knowledge) for all questions in the knowledge inventory. Primary HIV/AIDS knowledge topics included HIV/AIDS terminology, HIV/AIDS disease information, STD information, risk behavior, transmission methods, and transmission prevention. Participants rated their overall knowledge of these primary topics at 3.6 before the workshop and 4.5 after the workshop (Figure 1 and Appendix A, pages A1 and A2), which indicates that participants felt there was significant overall knowledge gained in primary HIV/AIDS information from the workshop (a 25 percent gain).

FIGURE 1

PRIMARY HIV/AIDS EDUCATION KNOWLEDGE COMPONENTS



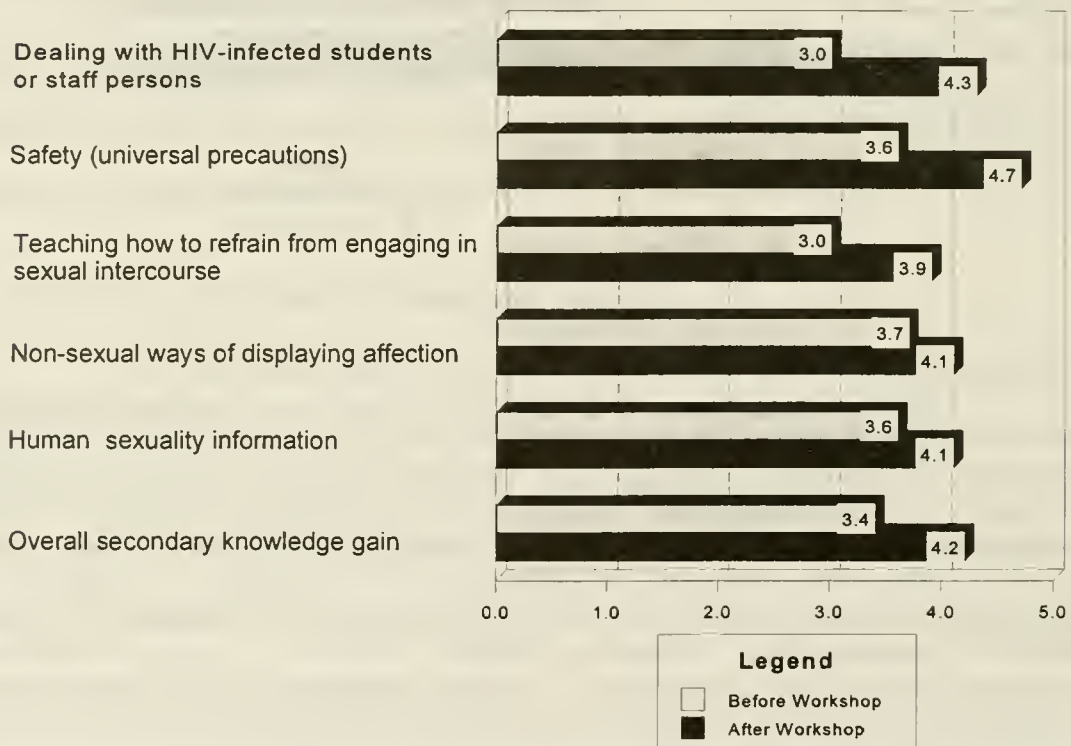
High knowledge gains in individual primary topics were reported with HIV/AIDS terminology (33 percent knowledge gain); HIV/AIDS disease information (41 percent knowledge gain); and with STD information (26 percent knowledge gain). Lesser primary knowledge gains were reported with transmission methods and prevention (21 percent knowledge gain for each component). However, participants felt that their levels of knowledge of transmission methods and prevention were substantial before the workshop, since these two primary components were the highest knowledge levels reported both before and after the workshop.

Secondary HIV/AIDS knowledge topics included dealing with HIV-infected students or staff persons, safety (universal precautions), teaching how to refrain from

engaging in sexual intercourse (abstinence), non-sexual ways of displaying affection, and human sexuality information. Participants rated their overall knowledge of these secondary topics at 3.4 before the workshop and 4.2 following the workshop (Figure 2 and Appendix A, pages A2 and A3), which indicates that participants felt there was significant overall knowledge gained in secondary HIV/AIDS information from the workshop (a 24 percent gain).

FIGURE 2

SECONDARY HIV/AIDS EDUCATION KNOWLEDGE COMPONENTS



High knowledge gains in individual secondary topics were reported in dealing with HIV-infected students or staff persons (43 percent knowledge gain), teaching how to refrain from engaging in sexual intercourse (30 percent knowledge gain), and safety

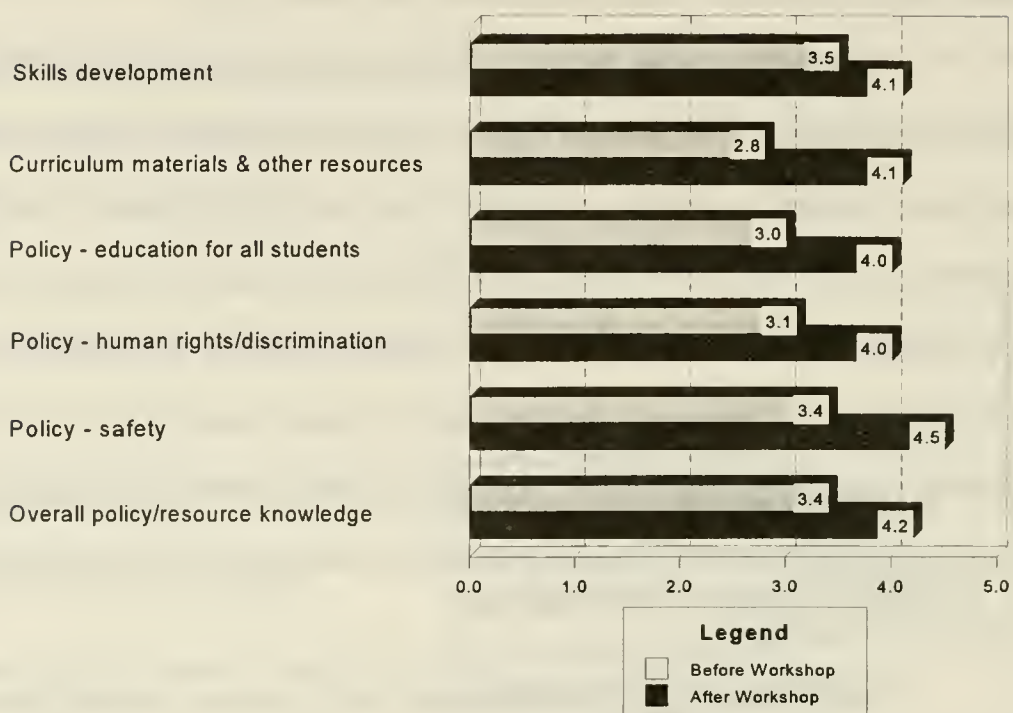
or universal precautions (31 percent knowledge gain). The smallest gains in secondary knowledge components were reported in non-sexual ways to display affection (11.5 percent gain) and human sexuality information (16 percent gain).

Resource and policy knowledge topics included skills development (decision-making skills, refusal skills, problem solving, and critical thinking), curriculum materials and other resources, policy issues related to education for all students, policy issues related to human rights and discrimination, and policy issues related to safety (blood/body fluid cleanup, etc.). Participants rated their overall knowledge of these resource and policy topics at 3.2 before the workshop and 4.1 after the workshop (Figure 3 and Appendix A, pages A3 and A4), which indicates that participants felt there was significant overall knowledge gained in secondary HIV/AIDS information from the workshop (a 28 percent knowledge gain).

High knowledge gains were reported with curriculum materials and other resources (50 percent knowledge gain), policy issues related to safety (33 percent knowledge gain), policy issues related to education for all students (34 percent knowledge gain), and policy issues related to human rights and discrimination (29 percent knowledge gain). Lesser knowledge gains were reported in skills development (17 percent knowledge gain). Participants felt they became most knowledgeable about policy issues related to safety, which they reported at a level of 4.5 following the workshops. Policy issues related to education for all students and human rights/discrimination were rated the lowest in knowledge with each rated at a level of 4.0 following the training sessions.

FIGURE 3

HIV/AIDS RESOURCES/POLICIES KNOWLEDGE COMPONENTS



D. HIV Prevention Educator Ability Inventory

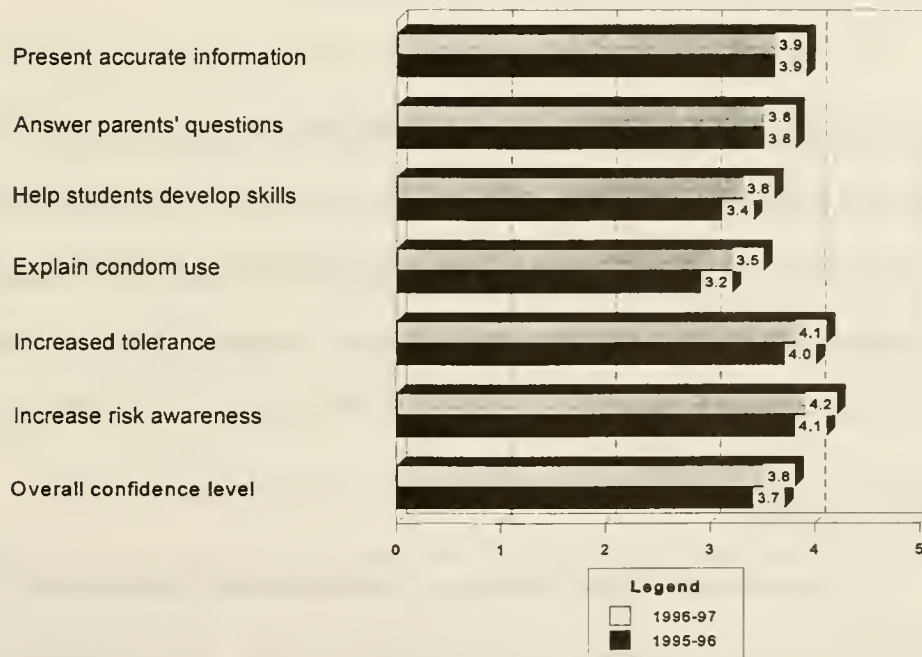
Success in providing effective HIV education requires more than knowledge about HIV. It also requires educators to be confident in their ability to provide students with an effective instructional program.

The confidence inventory consisted of a six-question survey that was administered to workshop participants after the training session. Respondents were asked to assess self-confidence in their ability to carry out activities that are key components of all successful HIV education programs. Participants were queried to rank their perceived confidence on a scale from 1 to 5, with 5 being completely confident and 1 being not at all confident.

Comparison of the pre-test and post-test results indicated that, following the training sessions, most workshop participants had strong confidence in their ability to carry out the listed activities (Figure 4 and Appendix A, pages A5 and A6). The overall confidence level listed for all categories was 3.9 (on the 5 scale), which indicates a strong confidence in the workshop participants' abilities to deliver quality HIV-related education. The highest degree of confidence was exhibited in the workshop participants' ability to help students reach a more accurate perception of their risk to infection with HIV (4.2 rating) and to increase student tolerance toward people with HIV or AIDS (4.1 rating).

FIGURE 4

HIV PREVENTION EDUCATION ABILITY INVENTORY



E. HIV Prevention Education Barrier Inventory

Workshop participants were asked to rate the degree to which various potential barriers were present and preventing implementation of effective HIV prevention education in their individual school districts. Nine potential barriers were listed and respondents were asked to rank the potential barriers from 5 (major barrier) to 1 (not a barrier). Figure 5 lists the results of the survey as reported by workshop participants.

The most significant barriers as seen by the workshop participants were parental resistance to HIV education in school settings and perceptions that youth in their particular communities are not at risk for HIV infection (Figure 5 and Appendix A, pages A7 and A8). Other important barriers noted were concerns that sexually explicit information will encourage promiscuous sexual behavior and the difficulty in integrating HIV/AIDS materials into an already saturated curriculum.

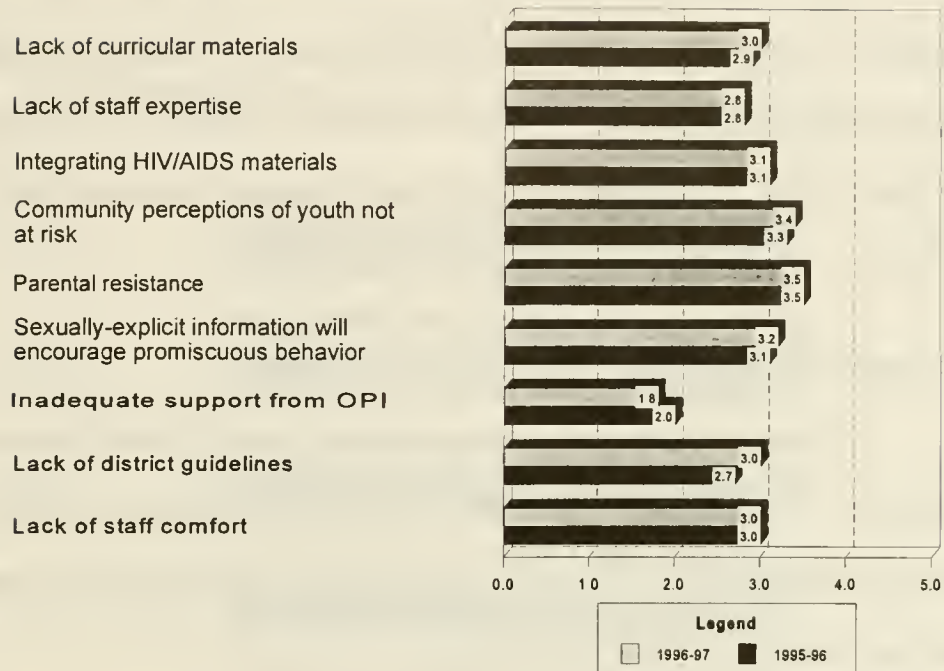
None of the potential barriers listed were rated as being major barriers, as the overall rating was 3.0 (midway between 5 as a major barrier and 1 as not being a barrier). The potential barrier rated the lowest was inadequate support from the Montana Office of Public Instruction -- apparently, most workshop participants felt that OPI was doing its part in implementing effective HIV prevention education in schools (Note: This potential barrier has been rated the lowest in each of the last five years' evaluations).

F. General Questions

At the conclusion of each workshop, several general questions related to HIV education and training were asked of all workshop participants. Nearly 36 percent of the workshop participants had attended other OPI-sponsored prevention workshops in the past three years. Seventy-nine percent of the participants indicated that they were taking the training sessions for teacher certification renewal credits.

FIGURE 5

HIV PREVENTION EDUCATION BARRIERS



When asked to rate their post-workshop overall knowledge and confidence levels (on a scale from a high of 5 to a low of 1), participants felt that they were highly knowledgeable (average ranking was 4.1) and quite confident (3.9 average ranking). These levels are substantiated by the rankings in the individual areas presented earlier in this report.

Open-ended questions were asked regarding how OPI could assist in removing barriers to presenting effective HIV prevention education, and what other topic areas could have been covered in the workshops. Most of the comments regarding additional OPI assistance in removing potential barriers were related to expanding the workshops and expanding information delivered by OPI to include communities, school

boards, and students (Appendix A, pages A10 and A11). Other comments included making more information available, and continuing the current workshops.

When queried as to what other topics should have been covered in the workshops, respondents most often mentioned additional materials and making more time available to conduct the workshops (Appendix A, pages A12 and A13). Many comments were complimentary in nature, and encouraged continued offering of the workshops.

G. Workshop Evaluations

Each training session was evaluated by the participants using a summary evaluation form (Appendix C, page C6). Workshop participants were asked to rate the workshop with respect to: 1) an overall evaluation; 2) information; 3) materials; 4) teaching strategies; and 5) skills practice.

All components of the workshops were rated above average to superior (Figure 6 and Appendix A, page A15). Overall, the training sessions received a 4.5 rating on a 5-point scale (5 was superior). Information delivery and teaching strategies received the highest rating of 4.5, while skills practice was next with a 4.4 rating. The lowest average rating was for materials -- a 4.3 rating and still above average to superior in rating. None of the workshop participants thought any of the workshops were average or below average.

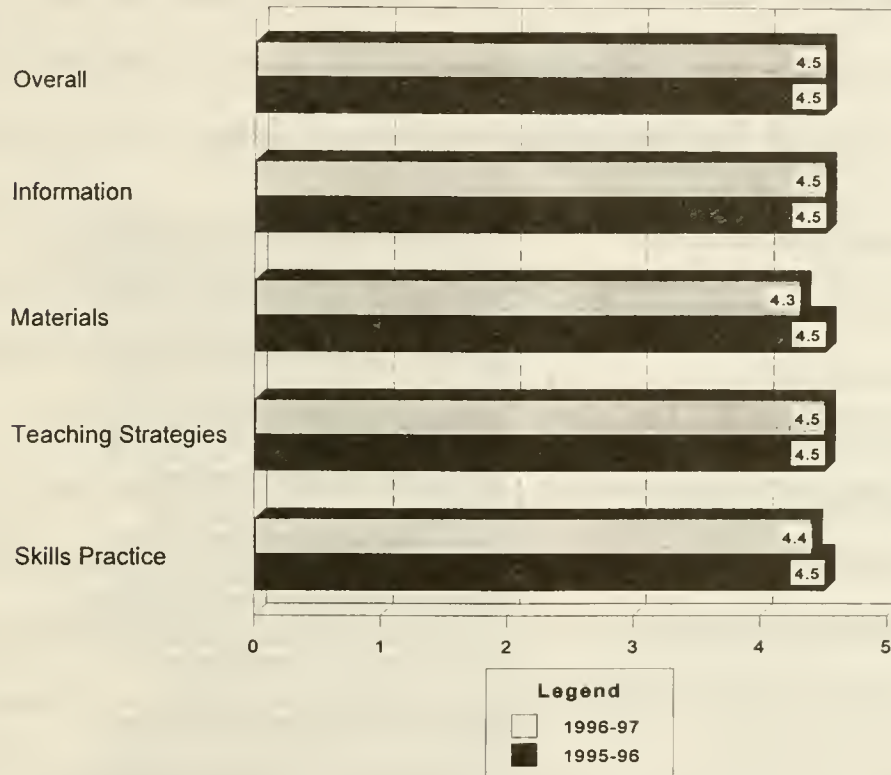
H. Follow-up Survey

All workshop participants (159) were mailed a follow-up survey in May 1997. The response rate was 74 percent (118 responses). Of the 118 responses, 37 (31 percent) indicated that they had provided HIV instruction to students since completion

of the workshops. The average number of classroom periods of HIV instruction provided by the 37 teachers was 5.0. The number of hours of instruction ranged from one hour to 30 hours.

FIGURE 6

HIV PREVENTION EDUCATION SUMMARY EVALUATION



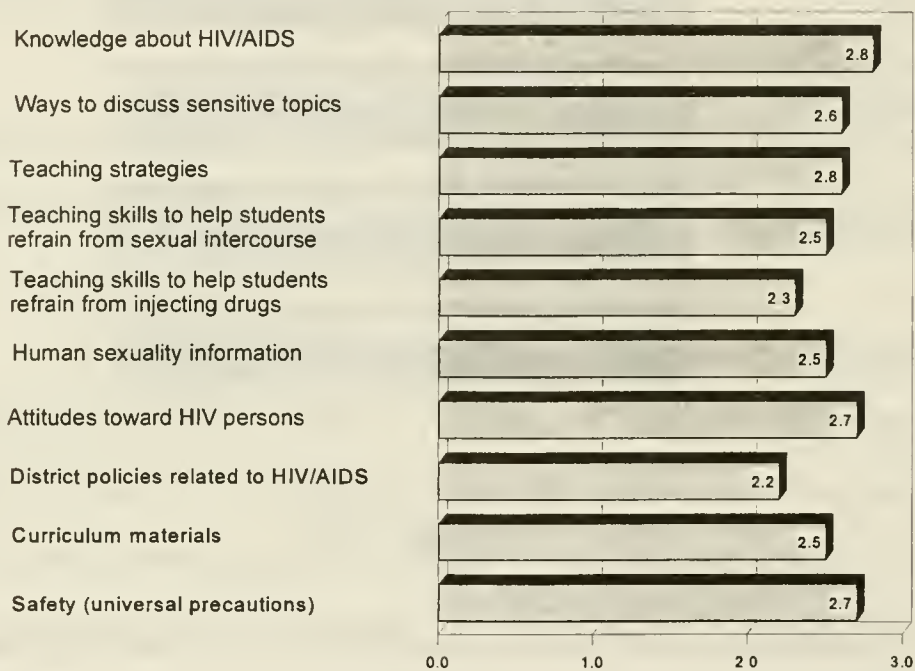
Workshop participants were also asked to rank ten HIV workshop topics as to their importance in providing quality HIV education (3 = very important, 2 = somewhat important, 1 = not at all important). Figure 7 (and Appendix B, page B1) lists the results of the ranking from the 37 respondents who reported providing HIV instruction to students.

As illustrated, workshop participants indicated that knowledge about HIV/AIDS, safety (universal precautions), attitudes toward HIV-infected persons,

teaching strategies, ways to discuss sensitive topics, skills to refrain from sexual intercourse, human sexuality information, and curriculum materials are the most important workshop topics in their efforts to provide quality HIV education to students. Of significance to the knowledge gained by the participants but of lesser importance to the participants were skills to help students refrain from injecting drugs and district policies related to HIV/AIDS.

FIGURE 7

IMPORTANCE OF WORKSHOP TOPICS



III. CONCLUSIONS AND RECOMMENDATIONS

From 1990 through the 1996-97 school year, the Office of Public Instruction's HIV/STD Education Program has provided formal, multiple-hour, skills-based training and education to over 3,300 teachers, administrators, and ancillary school staff. Based on this year's findings that about two-thirds (64 percent) of teachers had not attended an OPI training on HIV/AIDS in the last three years, a significant number of new teachers and other school staff are being provided skills-based training and information. Equally important, a significant number of teachers (about one-third of this year's workshop participants) are attending OPI workshops to update, enhance, or refresh their teaching skills regarding HIV and AIDS.

Data gathered from the knowledge inventory, educator ability inventory, barrier inventory, and summary evaluation during the 1996-97 school year suggest that the HIV/STD Education Program has been successful in achieving its goals related to teacher training activities. The before and after self-reported gains in knowledge were significant and indicate that workshop participants are obtaining the knowledge they need to conduct HIV/STD prevention education. In addition, most of the participants in the 1996-97 training sessions rated the overall education from the sessions as superior. Participants' written comments obtained during the trainer evaluation reflected high satisfaction with the training workshops:

"Excellent as presented."

"This workshop was great - I would like to attend again."

"I thought the workshop was very well done and informative - no improvements."

The continuing success of the teacher training program is entirely attributable to the professional and enthusiastic OPI staff and the willingness of the dedicated regional trainers to continue to offer their time and abilities in teaching HIV prevention education. Many of the trainers have been with the program since its inception and continue to set standards and practice work ethics that make the training program a success.

Recommendations that program staff should consider for maintaining the effective elements in the teacher training program and for improving other program elements include the following:

- 1) Continue the evaluation of individual regional teacher training workshops using the assessment instrument which measures knowledge and issues.
- 2) Continue to evaluate the regional trainers through on-site observation by OPI staff using an evaluation tool specifically designed for this purpose.
- 3) Continue to provide effective HIV prevention education and skills-based training that emphasizes behavioral decisions and provides participants with adequate opportunities to practice educational strategies that will result in students who are better able to avoid HIV infection.
- 4) Continue OPI and local district administrative support to the regional HIV educator trainers throughout the school year.
- 5) Continue efforts to increase school administrator support for effective HIV prevention education that is incorporated into a comprehensive plan of school health education.

- 6) Continue to assess and address perceived barriers to HIV prevention education in Montana schools and youth organizations.
- 7) Continue active support to administrators and teachers in developing the ability to remove barriers to effective HIV prevention education.
- 8) Continue to monitor and facilitate the development, revision and implementation of appropriate HIV/AIDS policies at the school district level.
- 9) Continue to nurture collaborative HIV/STD prevention education efforts with other state and community agencies and organizations.
- 10) Continue the multi-day, intensive HIV and STD prevention education workshop focusing on skills development and practice with HIV and STD prevention curricula with credible evidence of effectiveness. This workshop should be held in the summer to eliminate the disruption of the regular school year.
- 11) Continue for a second year the graduate-level training and education opportunities for teachers, and design an evaluation mechanism for this component of teacher training.
- 12) Continue the preservice education opportunities for prospective teachers attending teacher preparation programs at public and private units of higher education.
- 13) Investigate the possibility of a recertification requirement for all teachers of health-related subjects that would be based on attending an OPI-sponsored or endorsed HIV/STD prevention education workshop once every five years.

- 14) Continue efforts to establish a Board of Public Education-authorized position statement encouraging all local school boards to adopt policies or position statements ensuring: (a) the provision in their schools of effective, age-appropriate and scientifically accurate HIV/AIDS education, (b) that teachers who provide the education are given training in skills-based, age-appropriate HIV/STD prevention strategies, and (c) that all school staff are provided current scientific information on worksite safety regarding HIV prevention (i.e., universal precautions).

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INFORMATION SOURCES

INFORMATION SOURCES

ETR Associates, Santa Cruz, California. 1991-92. Teaching HIV/AIDS: Teacher Training Manual.

Montana Office of Public Instruction, HIV/STD Education Program, Helena, Montana. July 1992. Montana Teacher Training Evaluation Report.

Montana Office of Public Instruction, HIV/STD Education Program, Helena, Montana. December 1995. 1994-95 Teacher Training Evaluation Report.

Montana Office of Public Instruction, HIV/STD Education Program, Helena, Montana. December 1996. 1995-96 Teacher Training Evaluation Report.

U.S. Centers for Disease Control, Atlanta, Georgia. May 1992. Handbook for Evaluating HIV Education.

U.S. Centers for Disease Control, Atlanta, Georgia. May 1992. Evaluating HIV Staff Development Programs.

APPENDIX A

**HIV PREVENTION EDUCATION SURVEY
FREQUENCY DISTRIBUTIONS**

**1996-97 HIV PREVENTION EDUCATION EVALUATION
KNOWLEDGE INVENTORY FREQUENCY DISTRIBUTIONS**

NOTE: The following frequency distributions are based upon surveys completed by 159 teachers trained by the HIV/AIDS Prevention Education Program. Percents may not total 100 percent due to rounding.

Q-1 Please circle the appropriate number to indicate your knowledge level in the listed areas before and after this workshop. (1 is a low knowledge level; 5 is a high knowledge level)

A) HIV and AIDS terminology

	High Knowledge 5	<----- 4	3	-----> 2	Low Knowledge 1
Before Workshop	8.8%	35.2%	39.6%	14.5%	1.9%
After Workshop	50.3%	44.8%	3.5%	0.0%	1.4%

B) HIV/AIDS disease information

	High Knowledge 5	<----- 4	3	-----> 2	Low Knowledge 1
Before Workshop	6.3%	34.0%	40.3%	17.0%	2.5%
After Workshop	57.2%	36.6%	5.5%	0.0%	0.7%

C) STD information

	High Knowledge 5	<----- 4	3	-----> 2	Low Knowledge 1
Before Workshop	7.0%	31.6%	38.6%	13.9%	8.9%
After Workshop	23.8%	47.6%	24.5%	4.2%	0.0%

D) Risk behaviors

	High Knowledge 5	<----- 4	3	-----> 2	Low Knowledge 1
Before Workshop	28.3%	42.8%	20.8%	6.9%	1.3%
After Workshop	71.7%	22.8%	4.1%	0.7%	0.7%

Q-1 (Cont'd)

E) Transmission methods

	High Knowledge 5	<----- 4	3	-----> 2	Low Knowledge 1
Before Workshop	28.9%	40.3%	25.2%	4.4%	1.3%
After Workshop	80.0%	15.9%	3.4%	0.0%	0.7%

F) Transmission prevention

	High Knowledge 5	<----- 4	3	-----> 2	Low Knowledge 1
Before Workshop	29.6%	41.5%	23.3%	4.4%	1.3%
After Workshop	77.2%	18.6%	3.4%	0.0%	0.7%

G) Dealing with HIV-infected students or staff persons

	High Knowledge 5	<----- 4	3	-----> 2	Low Knowledge 1
Before Workshop	11.3%	21.4%	32.1%	26.4%	8.8%
After Workshop	49.7%	32.9%	14.7%	0.7%	2.1%

H) Safety (universal precautions)

	High Knowledge 5	<----- 4	3	-----> 2	Low Knowledge 1
Before Workshop	18.4%	35.4%	32.3%	13.9%	0.0%
After Workshop	75.7%	19.4%	4.2%	0.0%	0.7%

I) Teaching how to refrain from engaging in sexual intercourse

	High Knowledge 5	<----- 4	3	-----> 2	Low Knowledge 1
Before Workshop	12.7%	15.9%	42.7%	19.1%	9.6%
After Workshop	30.3%	42.3%	21.1%	4.2%	2.1%

Q-1 (Cont'd)

J) Non-sexual ways of displaying affection

	High Knowledge 5	<----- 4	3	-----> 2	Low Knowledge 1
Before Workshop	22.2%	36.1%	31.0%	8.9%	1.9%
After Workshop	39.0%	35.5%	22.0%	3.5%	0.0%

K) Human sexuality information

	High Knowledge 5	<----- 4	3	-----> 2	Low Knowledge 1
Before Workshop	17.2%	34.4%	39.5%	5.7%	3.2%
After Workshop	37.6%	42.6%	17.7%	1.4%	0.7%

L) Skills development (decision-making skills, refusal skills, problem solving and critical thinking)

	High Knowledge 5	<----- 4	3	-----> 2	Low Knowledge 1
Before Workshop	14.6%	31.0%	43.0%	10.1%	1.3%
After Workshop	31.7%	52.1%	13.4%	2.1%	0.7%

M) Curriculum materials and other resources

	High Knowledge 5	<----- 4	3	-----> 2	Low Knowledge 1
Before Workshop	4.5%	14.0%	44.6%	26.1%	10.8%
After Workshop	36.2%	44.7%	16.3%	1.4%	1.4%

N) Policy issues: education for all students

	High Knowledge 5	<----- 4	3	-----> 2	Low Knowledge 1
Before Workshop	3.2%	23.6%	48.4%	17.8%	7.0%
After Workshop	24.6%	52.1%	21.1%	1.4%	0.7%

Q-1 (Cont'd)

O) Policy issues: human rights/discrimination

	High Knowledge 5	<----- 4	3	-----> 2	Low Knowledge 1
Before Workshop	4.5%	24.2%	50.3%	15.9%	5.1%
After Workshop	29.4%	41.3%	27.3%	1.4%	0.7%

P) Policy issues: safety (blood/body fluid cleanup, etc.)

	High Knowledge 5	<----- 4	3	-----> 2	Low Knowledge 1
Before Workshop	15.3%	33.1%	35.0%	12.1%	4.5%
After Workshop	66.4%	23.8%	8.4%	0.7%	0.7%

**1996-97 PREVENTION EDUCATION EVALUATION
ABILITY INVENTORY FREQUENCY DISTRIBUTIONS**

Q-2 Now that you have participated in a comprehensive staff development workshop for HIV educators, how confident are you that you can:

A) Present accurate information to students

	Completely Confident 5	<----- 4	3	-----> 2	Not At All Confident 1
Response	16.5%	55.1%	27.2%	1.3%	0.0%

B) Answer parent's questions about HIV information

	Completely Confident 5	<----- 4	3	-----> 2	Not At All Confident 1
Response	16.5%	50.0%	31.6%	1.9%	0.0%

C) Help students to develop skills to refrain from sex

	Completely Confident 5	<----- 4	3	-----> 2	Not At All Confident 1
Response	10.1%	45.6%	41.8%	2.5%	0.0%

D) Explain to students at appropriate ages how a condom should be used

	Completely Confident 5	<----- 4	3	-----> 2	Not At All Confident 1
Response	22.7%	25.3%	39.0%	7.8%	5.2%

E) Increase students' tolerance toward people with HIV or AIDS

	Completely Confident 5	<----- 4	3	-----> 2	Not At All Confident 1
Response	32.3%	48.7%	18.4%	0.6%	0.0%

Q-2 (Cont'd)

F) Help students reach a more accurate perception of their risk to infection with HIV

	Completely Confident 5	<----- 4	3	-----> 2	Not At All Confident 1
Response	33.5%	52.5%	12.7%	1.3%	0.0%

**1996-97 HIV PREVENTION EDUCATION EVALUATION
EDUCATION BARRIER INVENTORY FREQUENCY DISTRIBUTIONS**

Q-3 Listed below are potential barriers to implementing effective HIV prevention education in schools. Please rate the extent to which each potential barrier affects HIV prevention education in your school.

A) Lack of curricular materials appropriate for use in our school.

	Major Barrier 5	<----- 4	3	-----> 2	Not A Barrier 1
Response	11.7%	22.7%	31.2%	24.0%	10.4%

B) Lack of staff expertise in teaching HIV prevention to our students.

	Major Barrier 5	<----- 4	3	-----> 2	Not A Barrier 1
Response	8.4%	24.7%	24.7%	19.5%	22.7%

C) Difficulty integrating AIDS materials into an already saturated curriculum.

	Major Barrier 5	<----- 4	3	-----> 2	Not A Barrier 1
Response	11.0%	27.3%	34.4%	14.3%	13.0%

D) Perceptions that youth in our community are not at risk of HIV infection.

	Major Barrier 5	<----- 4	3	-----> 2	Not A Barrier 1
Response	21.4%	26.0%	29.2%	16.2%	7.1%

E) Parental resistance to HIV education school settings.

	Major Barrier 5	<----- 4	3	-----> 2	Not A Barrier 1
Response	22.9%	28.8%	32.7%	11.8%	3.9%

Q-3 (Cont'd)

F) Concern that sexually-explicit information will encourage promiscuous sexual behavior.

	Major Barrier 5	<----- 4	3	-----> 2	Not A Barrier 1
Response	16.2%	33.1%	20.1%	20.1%	10.4%

G) Inadequate support from the Office of Public Instruction.

	Major Barrier 5	<----- 4	3	-----> 2	Not A Barrier 1
Response	1.9%	3.2%	18.8%	27.9%	48.1%

H) Lack of district or school guidelines.

	Major Barrier 5	<----- 4	3	-----> 2	Not A Barrier 1
Response	14.5%	20.4%	31.6%	20.4%	13.2%

I) Lack of staff comfort in teaching HIV.

	Major Barrier 5	<----- 4	3	-----> 2	Not A Barrier 1
Response	9.8%	24.2%	39.2%	13.1%	13.7%

**1996-97 HIV PREVENTION EDUCATION EVALUATION
HIV PREVENTION EDUCATION GENERAL QUESTIONS
FREQUENCY DISTRIBUTIONS**

Q-4 Have you attended any other OPI-sponsored HIV/STD prevention workshop in the past three years?

	<u>Percent Responding</u>
A) Yes	35.9%
B) No	64.1%

Q-5 Are you taking this workshop for teacher certification renewal units?

	<u>Percent Responding</u>
A) Yes	79.2%
B) No	20.8%

Q-6 Please rate your overall knowledge of HIV/AIDS information (Circle one choice):

	Good 5	<---- 4	3	----> 2	Poor 1
Response	26.9%	57.7%	15.4%	0.0%	0.0%

Q-7 Please rate your overall confidence and comfort level for providing HIV/AIDS information (Circle one choice):

	Good 5	<---- 4	3	----> 2	Poor 1
Response	25.6%	45.5%	25.6%	3.2%	0.0%

Q-8 In what ways would you suggest the Office of Public Instruction assist you in removing barriers to presenting effective HIV prevention education?

RESPONSES:

HELP EDUCATE THE PARENTS.
MANDATE GUIDELINES TO LOCAL RESISTIVE SCHOOLS.
PUBLIC PRESENTATIONS - TO MORE VOCAL STANCE.
MORE EXTENSIVE AND SLOWER PRESENTATIONS.
LESSON PLANS, ACTIVITIES FOR CLASSROOM, IDEAS FOR CLASS DISCUSSION, SOURCES OF INFORMATION.
PARENTAL EDUCATION.
TAKE HOME INTERESTS - ALSO FOR USE IN CLASS.
I HAVE NO IDEA.
THE USE OF QUALIFIED FACILITATORS SHOULD BE UTILIZED AT EVERY SCHOOL.
USE STATE-WIDE CURRICULUM GUIDELINES WITH MANDATED SUPPLIES FOR ALL AREAS.
PARENT EDUCATION.
HAVE MORE WORKSHOPS ON A REGULAR BASIS, EVEN ONCE A YEAR.
CONTINUE WORKSHOPS.
CONTINUE NEWSLETTER DISTRIBUTION OF MATERIALS.
KEEP DOING WHAT YOU ARE.
PARENT INFORMATION.
WORKSHOPS, MATERIALS.
MORE EDUCATION - MANDATED.
THIS WORK - SUPPLY SUPPORT.
STATEWIDE GUIDELINES AND TRAINING SESSIONS FOR ALL STAFF, NOT JUST HEALTH/P.E.
FURTHER WORKSHOPS FOR LARGER NUMBERS OF FACULTY AND STAFF.
REQUIRE TEACHERS TO ATTEND WORKSHOPS LIKE THIS ONE, AND UPDATE INFORMATION ON HIV.

COME TO SCHOOLS AND PRESENT MANDATORY WORKSHOPS IN EACH SCHOOL FOR PARENTS AND TEACHERS.
PUBLIC RELATIONS STATEWIDE - "KNOWLEDGE IS POWER TO MAKE HEALTHY CHOICES."
MAKE AIDS EDUCATION PART OF EVERY CURRICULUM, START THE EDUCATION PROCESS.
ADDITIONAL OPPORTUNITIES FOR WORKSHOPS CURRICULUM PROVISIONS IN EARLY GRADES
TO HELP DEVELOP POLICIES WITHIN THE SCHOOL TO MORE ACCURATELY HANDLE CLASSMATES.
LESSENING OF REQUIRED H.S. COURSES TO FIT AIDS INSTRUCTION.
PROVIDE PARENTS WITH TRAINING AND RESEARCH WHICH DEMONSTRATES EFFICIENCY OF EDUCATION.
HOLD MORE WORKSHOPS THAT CAN GIVE YOU MORE INFORMATION.
MORE WORKSHOPS FOR TOTAL SCHOOL STAFF.
I NEED MORE POSTERS.
SEND SPEAKERS, TAPES ENDORSED BY OPI AND ASSUME RESPONSIBILITY.
EASIER ACCESS TO RESOURCE MATERIAL.
MORE CLASSES LIKE THIS ONE.
I'D LIKE A COPY OF THE PRIMARY CURRICULUM (K-3).
WORKSHOPS SUCH AS THIS ONE FOR SCHOOL BOARDS AND PARENTS.
EDUCATING COMMUNITY AND SCHOOL BOARD.
MORE AVAILABLE MATERIALS - EASIER TO LOCATE AND GET HANDS ON.
PROVIDE MATERIAL/INSERVICES TO ALL SCHOOL PERSONNEL AND REQUIRE IT IN ALL SCHOOLS.
EDUCATE SCHOOL BOARDS SO THEY CAN EDUCATE COMMUNITIES.
SEND OUT FACTUAL INFO AND PROVIDE PEOPLE TO CONTACT.
GET MORE FUNDING FOR SCHOOLS.

FUNDING FOR WORKSHOPS.
SCHOOL BOARD APPROVAL AND PARENTAL EDUCATION.
ALLOW MORE FREEDOM OF DISCUSSION ABOUT CHOICES - REGARDING SEX - OTHER THAN ABSTINENCE.
PARENT FORMS- PEER TEACHING.
PUT ON THESE WORKSHOPS FOR OUR SCHOOL BOARDS AND ADMINISTRATORS.
SPEAK TO SCHOOL BOARDS AND ADMINISTRATORS ABOUT AIDS/HIV AWARENESS.
DEAL WITH DISTRICT POLICIES.
LESS RESTRICTIVE CURRICULUM (NOT ABSTINENCE ONLY).
WORK WITH SCHOOL ADMINISTRATORS.
EDUCATE ADMINISTRATORS.
MANDATE BASIC IDEAS FOR STUDENTS TO LEARN FOR ALL SCHOOL DISTRICTS.
PROMOTE THE STUDENT EDUCATORS TO PROMOTE PARENTS' EDUCATION.
WORKSHOPS FOR PARENTS.

Q-9 What improvements or other topic areas do you think should have been covered in this workshop?

RESPONSES:

HOW TO TEACH SKILLS DEVELOPMENT.
I THOUGHT THEY DID AN EXCELLENT JOB IN PRESENTING HIV AWARENESS AND PREVENTION.
I KNOW YOU HAVE HAD A LOT TO COVER, BUT WE DO NEED MORE ABOUT SPECIFIC TOPICS.
EXCELLENT AS PRESENTED.
REGULAR FOOD.
WORKSHEETS WITH SPECIFIC INFORMATION FOR LETTERING USED DURING WORKSHOP.
NEW HIV TESTS, ETC.
CARMEL ROLLS AND MAPLESTICKS.
SUPPORT TEACHING TOLERANCE.
HOW TO EDUCATE STUDENTS, MAYBE.
HOW TO PROVIDE STUDENTS WITH OTHER OPTIONS TO EARLY SEXUAL ACTIVITY; SELF-ESTEEM.
HOW - SEXUAL WAYS OF DISPLAYING AFFECTION.
I THOUGHT THE WORKSHOP WAS VERY WELL DONE AND INFORMATIVE. NO IMPROVEMENTS.
HEALTH AWARENESS ISSUES AT THE LOWER CURRICULUM TO TEACH YOUNG CHILDREN PROPERLY.
MAYBE A LITTLE ON STD TO HELP STUDENTS FOCUS ON "IT'S NOT JUST AIDS."
RELATIONSHIP OF HOW SELF-ESTEEM BUILDING MIGHT HELP STUDENTS WITH REFUSAL SKILLS.
MORE EXAMPLES OF DISCRIMINATION TOWARD HIV/AIDS PERSONS.
STD INFORMATION AND HEPATITIS A AND B.
MORE ON STDs.
IT WAS GREAT THE WAY IT WAS.
MORE ON POLICY.

MAYBE MORE ON OTHER STDS AS WELL.
PROVIDE US WITH ACTIVITIES SO THAT WE CAN TEACH KIDS TO AVOID SEXUAL CONTACT.
THIS WORKSHOP WAS GREAT - I WOULD LIKE TO ATTEND AGAIN.
HOW TO ABSTAIN.
EXCELLENT WORKSHOP. I WISH I COULD USE MORE OF THESE ACTIVITIES.
MORE ON STDS.
MORE TIME ON DRUGS AND MALE-TO-FEMALE TEENAGE ACTIVITIES THAT WILL CHANGE BEHAVIORS.
EFFECTIVE WAYS TO TEACH ABSTINENCE.
MORE ON STDS.
MORE TIME.
HAVE WORKSHOPS A LITTLE MORE OFTEN.

Q-10 How would you rate this workshop?

	Good 5	<----- 4	3	-----> 2	Poor 1
Overall	55.1%	41.0%	3.2%	0.6%	0.0%
Information	57.7%	37.8%	4.5%	0.0%	0.0%
Materials	47.4%	39.7%	12.8%	0.0%	0.0%
Strategies	58.3%	35.9%	5.1%	0.0%	0.6%
Skills	52.9%	35.9%	10.5%	0.7%	0.0%

APPENDIX B

FOLLOW-UP SURVEY FREQUENCY DISTRIBUTIONS

**1996-1997
FOLLOW-UP SURVEY FOR PARTICIPANTS**

The following survey was sent to all 159 trainees who participated in training sessions during the 1996-97 school year. One hundred eighteen participants responded to the survey.

Q-1 Have you provided HIV instruction to students since you completed the staff development workshop?

YES 31.4% (37 Respondents)
NO 68.6% (81 Respondents)

n = 118

Q-2 About how many classroom periods (one hour) of HIV instruction have you provided since you completed the staff development workshop?

AVERAGE OF THOSE RESPONDING YES IN Q-1: 4.4 Hours

INSTRUCTION HOURS RANGED FROM ONE HOUR TO 30 HOURS

Q-3 How important were the following workshop topics in your efforts to provide quality HIV education to your students?

	Very Important	Somewhat Important	Not at all Important
Knowledge about HIV and AIDS	80.0%	17.1%	2.9%
Ways to discuss sensitive topics	63.9%	36.1%	0.0%
Teaching strategies	58.3%	41.7%	0.0%
How to teach skills to help students refrain from engaging in sexual intercourse	61.1%	30.6%	8.3%
How to teach students to refrain from injecting drugs	44.5%	57.7%	3.8%
Human sexuality information	63.9%	25.0%	11.1%
Attitudes toward HIV-infected persons	72.2%	22.2%	5.6%
District policies related to HIV/AIDS	38.9%	44.4%	16.7%
Curriculum materials	55.6%	36.1%	8.3%
Safety (universal precautions)	72.2%	25.0%	2.8%

n = 36

Q-4 What other comments do you have about changes needed in the staff development workshop?

HEALTH AND PE TEACHERS DO OUR INSTRUCTION.
I WILL THIS MONTH AT THE COMPLETION OF OUR DRUG AND ALCOHOL UNIT.
ALICE IS AN EXCELLENT TRAINER! SHE IS VERY PROFESSIONAL AND KNOWLEDGEABLE.
THE SCHOOL THAT I AM EMPLOYED BY WILL NOT ALLOW US TO TEACH ANYTHING ABOUT AIDS TO OUR STUDENTS. THE COMMUNITY FEELS THE SAME WAY. IT WON'T HAPPEN HERE WE DO NOT NEED TO EDUCATE OUR STUDENTS ABOUT IT.
IT WAS TRULY A GREAT WORKSHOP!
ONE VERY GOOD TEACHING STRATEGY- NEED TO GET MORE FROM A STUDENT'S POINT OF VIEW. LESSONS THAT DEAL WITH THEM NOT THE IDEAL ONLY.
ELEMENTARY DOES NOT GET TOO IN-DEPTH REGARDING SEXUAL INTERCOURSE AND INJECTING DRUGS.
A STUDENT BROUGHT UP THE TOPIC AT THE END OF CLASS "ONCE" AND WE (THE CLASS) DISCUSSED IT.
GENERAL ACTIVITIES OF WORKSHOP WERE NOT APPROPRIATE FOR SCHOOL USE.
STRATEGIES FOR APPROACHING AND INCLUDING PARENTS ABOUT HIV-AIDS UNIT PRIOR TO PRESENTATION. UPDATES ON SALIVA AND MOSQUITOS AS CARRIERS.
I TEACH KINDERGARTEN; WE DEAL WITH HYGIENE/HEALTH ISSUES BUT NOT SPECIFICALLY HIV.
I ENJOYED THE WORKSHOP. EVEN THOUGH I DID NOT ACTUALLY PROVIDE HIV INSTRUCTION, I DID USE THE "NEWSPAPER SCAVENGER HUNT" AND THE PRO/CON DEBATE IN ENGLISH. THANKS!
A NEED FOR ANOTHER ADVANCED CLASS FOR THOSE WHO HAVE HAD THE BASICS- PERHAPS MORE INFORMATION ON PEER TEACHING OR STUDENT WORKSHOPS.
NOT ALL OF OUR STAFF WAS IN ATTENDANCE. WE HAVE MADE A START, AND IT IS IMPORTANT.
WE HAVE AN INSTRUCTOR AND A MENTOR TEAM DOING ALL OF THE INSTRUCTION HERE.

MORE INSTRUCTIONAL MEDIA AVAILABLE, PRESENT STATISTICS MADE MORE AVAILABLE.

GREAT WORKSHOP! OUR HEALTH PROGRAM IN GRADE 3 DOES NOT ADDRESS HIV/AIDS...PERHAPS IT SHOULD!

I THOUGHT IT WAS A VERY WELL DONE WORKSHOP. THE USE OF TEENS REALLY ADDED A LOT.

IT WOULD BE GOOD TO HAVE AN UP-DATED FRESHER 101 COURSE.

THE CLASS WAS VERY INSIGHTFUL AND HELPED ME WHEN TEACHING MY CLASS.

THE WORKSHOP WAS GREAT AND WELL ORGANIZED.

WE SWITCHED TEACHERS IN JANUARY SO I DON'T THINK THE NEW PE TEACHER HAS TAUGHT ANYTHING PERTAINING TO HIV/AIDS. THE WORKSHOP WAS VERY EDUCATIONAL AND INTERESTING!

I WAS A MEMBER OF ONE OF THE SUMMER HEALTH ENHANCEMENT WORKSHOPS AND THEREFORE THE MATERIAL PRESENTED AT THE HIV/AIDS PROGRAM WAS NOTHING NEW TO ME. I DID APPRECIATE THE PANEL OF PEOPLE WHO HAD PERSONAL EXPERIENCES WITH AIDS.

WE HAD THOROUGH CLASS DISCUSSIONS BUT NOT DIRECT LESSONS.
ONE-TO-ONE WITH AN HIV+ PERSON WOULD HELP BUNCHES. IT (THE TOPIC) IS TOO DISTANT TO BE RELEVANT.

I PLAN ON USING THIS INFORMATION AS A FUTURE REFERENCE EVEN THOUGH I HAVE NOT USED IT YET! WORKSHOP WAS WELL DONE!

I LEARNED MORE ABOUT HIV/AIDS THAT WAS NEW INFORMATION.

SMALLER GROUP PRESENTATIONS WOULD BE MORE EFFECTIVE.

HAVE REFRESHER COURSES.

AIDS IS A VITAL CONCERN AND WE NEED TO TEACH ATTITUDES- EVEN TEACHERS NEED TO ACCEPT THAT AIDS IS GOING TO BE A PLAGUE IF WE DON'T EDUCATE!

EVEN THOUGH I HAVE NOT PROVIDED HIV INSTRUCTION (I'M AN ART INSTRUCTOR), I SURE APPRECIATE THE KNOWLEDGE GAINED AND THOUGHT IT TO BE AN EXCELLENT WORKSHOP. I DID USE THE INFORMATION WITH MY OWN CHILDREN.

ACTIVITIES WORKED VERY WELL!

AS AN INSTRUCTOR I HAVE BEEN WELL TRAINED AND HAVE KNOWN 2 PEOPLE WHO HAVE ALREADY DIED WITH AIDS. IT IS VERY REAL TO ME. THE PROBLEM I HAVE FOUND IS THAT THE ADMINISTRATOR DOESN'T ADDRESS IT OR PROVIDE PROPER WASTE DISPOSAL RECEPTALS IN THE CLASSROOM FOR WHEN A STUDENT GETS A BLOODY NOSE OR LOSES A TOOTH OR GETS HURT ON THE PLAYGROUND. IT ALL GOES IN THE SAME BASKET. IT IS A DEFINITE PROBLEM THAT NEEDS TO BE ADDRESSED. WE CAN ONLY BE EFFECTIVE WHEN EVERYONE SEES THE PROBLEM AND WORKS FOR A COMMON GOAL. THANKS FOR LISTENING.

VERY USEFUL- EVEN AS A MUSIC TEACHER. EVERY ADULT WORKING WITH CHILDREN NEEDS TO BE TRAINED.

ALTHOUGH I HAVE NOT TALKED ABOUT THIS IN MY SECOND GRADE CLASS YET, I FELT THAT THE WORKSHOP WAS VERY WELL PRESENTED.

I USE THE KNOWLEDGE ON THE PLAYGROUND AND IN CLASS AS THE INFORMATION FITS. I HAVE TAKEN A CLASS BEFORE AND MUCH OF THIS WAS REPEAT.

APPENDIX C

WORKSHOP EVALUATION INSTRUMENT

**1996-97
HIV/AIDS REGIONAL TRAINING EVALUATION**

Thanks for participating in today's workshop. You can help us improve future workshops by providing your candid assessment of your experience here today. Please take a few minutes to complete the following questions. There is no need to put your name on this form; your answers will be anonymous. Mark the appropriate item to indicate your response.

1996-97
HIV/AIDS KNOWLEDGE INVENTORY

Q-1 Please circle the appropriate number to indicate your knowledge level in the listed areas **before** and **after** this workshop. (1 is a low knowledge level; 5 is a high knowledge level)

<u>Knowledge Component</u>	<u>Knowledge Before the Workshop</u>	<u>Knowledge After the Workshop</u>
A) HIV and AIDS terminology	1 2 3 4 5	1 2 3 4 5
B) HIV/AIDS disease information	1 2 3 4 5	1 2 3 4 5
C) STD information	1 2 3 4 5	1 2 3 4 5
D) Risk behaviors	1 2 3 4 5	1 2 3 4 5
E) Transmission methods	1 2 3 4 5	1 2 3 4 5
F) Transmission prevention	1 2 3 4 5	1 2 3 4 5
G) Dealing with HIV-infected students or staff persons	1 2 3 4 5	1 2 3 4 5
H) Safety (universal precautions)	1 2 3 4 5	1 2 3 4 5
I) Teaching how to refrain from engaging in sexual intercourse	1 2 3 4 5	1 2 3 4 5
J) Non-sexual ways of displaying affection	1 2 3 4 5	1 2 3 4 5
K) Human sexuality information	1 2 3 4 5	1 2 3 4 5
L) Skills development (decision-making skills, refusal skills, problem solving and critical thinking)	1 2 3 4 5	1 2 3 4 5
M) Curriculum materials and other resources	1 2 3 4 5	1 2 3 4 5
N) Policy issues:		
-education for all students	1 2 3 4 5	1 2 3 4 5
-human rights/discrimination	1 2 3 4 5	1 2 3 4 5
-safety (blood/body fluid cleanup, etc.)	1 2 3 4 5	1 2 3 4 5

1996-97
HIV PREVENTION EDUCATOR ABILITY INVENTORY

Q-2 Now that you have participated in a comprehensive staff development workshop for HIV educators, how confident are you that you can:

	<u>Completely Confident</u>	<u>Very Confident</u>	<u>Somewhat Confident</u>	<u>Not Very Confident</u>	<u>Not At All Confident</u>
A) Present accurate information to students	5	4	3	2	1
B) Answer parent's questions about HIV information	5	4	3	2	1
C) Help students to develop skills to refrain from sex	5	4	3	2	1
D) Explain to students at appropriate ages how a condom should be used	5	4	3	2	1
E) Increase students' tolerance toward people with HIV or AIDS	5	4	3	2	1
F) Help students reach a more accurate perception of their risk to infection with HIV	5	4	3	2	1

1996-97
HIV PREVENTION EDUCATION BARRIER INVENTORY

Q-3 Listed below are potential barriers to implementing effective HIV prevention education in schools. Please rate the extent to which each potential barrier affects HIV prevention education in your school.

	Major Barrier ←.....→				Not A Barrier
A) Lack of curricular materials appropriate for use in our school.	5	4	3	2	1
B) Lack of staff expertise in teaching HIV prevention to our students.	5	4	3	2	1
C) Difficulty integrating AIDS materials into an already saturated curriculum.	5	4	3	2	1
D) Perceptions that youth in our community are not at risk of HIV infection.	5	4	3	2	1
E) Parental resistance to HIV education school settings.	5	4	3	2	1
F) Concern that sexually-explicit information will encourage promiscuous sexual behavior.	5	4	3	2	1
G) Inadequate support from the Office of Public Instruction.	5	4	3	2	1
H) Lack of district or school guidelines.	5	4	3	2	1
I) Lack of staff comfort in teaching HIV.	5	4	3	2	1

1996-97

HIV PREVENTION EDUCATION GENERAL QUESTIONS

Q-4 Have you attended any other OPI-sponsored HIV/STD prevention workshop in the past three years?

- A) Yes
- B) No

Q-5 Are you taking this workshop for teacher certification renewal units?

- A) Yes
- B) No

Q-6 Please rate your overall knowledge level of HIV/AIDS information (**Circle one choice**):

Good<----->Poor
5 4 3 2 1

Q-7 Please rate your overall confidence and comfort level for providing HIV/AIDS information (**Circle one choice**):

Good<----->Poor
5 4 3 2 1

Q-8 In what ways would you suggest the Office of Public Instruction assist you in removing barriers to presenting effective HIV prevention education?

Q-9 What improvements or other topic areas do you think should have been covered in this workshop?

**1996-97
HIV PREVENTION EDUCATION SUMMARY EVALUATION**

Q-10 How would you rate this workshop?

	Superior ←.....→ Poor				
	5	4	3	2	1
Overall	5	4	3	2	1
Information	5	4	3	2	1
Materials	5	4	3	2	1
Teaching Strategies	5	4	3	2	1
Skills Practice	5	4	3	2	1

PLEASE LEAVE THIS EVALUATION FORM WITH THE WORKSHOP PRESENTER

THANK YOU VERY MUCH FOR PARTICIPATING IN THIS EVALUATION

APPENDIX D

FOLLOW-UP SURVEY INSTRUMENT

**1996-1997
FOLLOW-UP SURVEY FOR PARTICIPANTS**

Some months ago, you attended a staff development workshop on HIV/AIDS. The purpose of this survey is to determine how helpful that workshop was, now that you have had an opportunity to use what you learned. The information you provide will be used to improve future staff development programs.

Please **DO NOT** put your name on this form. Your answers will be anonymous. When you have completed this survey, **please return it in the enclosed stamped, self-addressed envelope.**

1. Have you provided HIV instruction to students since you completed the staff development workshop?

YES

NO (If no, stop here and return the survey in the enclosed envelope)

2. About how many classroom periods (one hour) of HIV instruction have you provided since you completed the staff development workshop? _____

3. How important were the following workshop topics in your efforts to provide quality HIV education to your students?

	Very Important	Somewhat Important	Not at All Important
a. Knowledge about HIV and AIDS	()	()	()
b. Ways to discuss sensitive topics	()	()	()
c. Teaching strategies	()	()	()
d. How to teach skills to help students refrain from engaging in sexual intercourse	()	()	()
e. How to teach students to refrain from injecting drugs	()	()	()
f. Human sexuality information	()	()	()
g. Attitudes toward HIV-infected persons	()	()	()
h. District policies related to HIV/AIDS	()	()	()
i. Curriculum materials	()	()	()
j. Safety (universal precautions)	()	()	()

4. What other comments do you have about changes needed in the staff development workshop?

Thank you for completing this survey.

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